d PCT/PTC 13 JUL 2004

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHIT020003 US

As a below named inventor	, I hereby declare that:	.1	
My residence, post office a	ddress and citizenship are as sta	ated next to my name.	
I believe I am the original, fi	irst and sole inventor (if only one bw) of the subject matter which is coding"	e name is listed below) or an origin s claimed and for which a patent is	nal, first and joint inventor (if is sought on the invention
is attached hereto.			
was filed as United State	es application		
Serial No ———			
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and was amended			
on			
was filed as PCT interna	tional application		
	• •		
on14 January	2003		
and was amended under PO	T Article 10		•
on			———— (if applicable).
I hereby state that I have revolaims, as amended by any	riewed and understand the contract amendment referred to above.	ents of the above-identified specifi	cation, including the
I acknowledge the duty to dis Title 37, Code of Federal Re	sclose information which is mate gulations, § 1.56(a).	erial to the examination of this appl	lication in accordance with
or inventor's certificate or of States of America listed belo any PCT international applica	any PCT international application w and have identified below any ation(s) designating at least one	States Code, § 119 of any foreign n(s) designating at least one count foreign application(s) for patent of country other than the United Staff the application(s) of which priority	atry other than the United or inventor's certificate or tes of America filed by me
PRIOR FOREIGN/PCT APPI	LICATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 1	19:
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY
		DAY, MONTH, YEAR	CLAIMED UNDER 35 USC 119
Europe	02075225.9	18 January 2002	YES
	<del></del>	DEDARTMENT OF COMME	

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)					Attorneys Docket Number PHIT020003 US		
POW all bus	ER OF ATTORNE siness in the Patent	Y: As a named invento and Trademark Office co	r, I hereby appoint onnected therewith	t the following attorney(s) and n. (List name and registration	or agent(s) to prose	ecute this application and transact	
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245			3)	Direct Telephone Calls to: (name and telephone number) (914)332-0222			
00	FULL NAME OF INVENTOR	FAMILY NAME OLIVIERI		FIRST GIVEN NAME Stefano		SECOND GIVEN NAME	
201	RESIDENCE & CITIZENSHIP	CITY Milano		STATE OR FOREIGN COL		COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDR Via Abano 9	ESS	CITY I-20131 Milano		TATE & ZIP CODE/COUNTRY	
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202	RESIDENCE & CITIZENSHIP	Italy (FIREN		STATE OR FOREIGN COL	(1	COUNTRY OF CITIZENSHIP  taly	
	POST OFFICE ADDRESS	POST OFFICE ADDR	e _	Firenze		TATE & ZIP CODE/COUNTRY	
	VIA DI LEGNATA 3 &						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
Ste	TURE OF INVENTO	NW OC)	11	INVENTOR 202			
DATE	19 August	2003	DATE 19 Au	igust 2003	- Se		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTO/SB/80 (12-03)

Approved for use through 11/30/2005, OMB 0651-0035

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OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Name Matthieu van Kapp						
Signature Music	Date /4 Mil Lg 2004					
Authorized Representative	Telephone (914) 333–9600					
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